

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: MEDICATION INCIDENT REPORT

NUMBER: NN-PI-05

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ORIGINAL DATE: 11/13/89

REVIEW/REVISE DATE: 10/24/90, 07/28/93, 11/10/98, 01/03/02, 12/01/05, 12/17/09

APPROVAL: Rosalynne Reynolds {s}, Agency Director

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I. PURPOSE

This policy establishes the procedures for reporting, recording, and routing to the appropriate authority for actions regarding details of medication incidents occurring at Northern Nevada Adult Mental Health Services (NNAMHS).

II. POLICY

It is the policy of NNAMHS to provide a safe environment for consumers by gathering, recording, investigating alleged medication incidents, and putting into action corrective measures as indicated in a reasonable and timely manner.

III. DEFINITION

1. Medication Incident - Any incident involving a medication that is not in accord with Federal, State, Division of Mental Health and Developmental Services laws and rules, and NNAMHS Policy and Procedure Manual. This includes, but is not necessarily limited to incidents involving:
  - a. Transcription.

- b. Medication administered or dispensed:
  - i) to the incorrect patient.
  - ii) by the incorrect route.
  - iii) at the incorrect time.
  - iv) in the incorrect dose.
  - v) when not ordered.
- c. Omission of medications.
- d. Pyxis device or medication cassette contents or medications dispensed:
  - i) missing medication.
  - ii) containing the incorrect medication.
  - iii) mislabeled medication.

#### IV. REFERENCE

1. Medication Incident Report form #QA-8.

#### V. PROCEDURE

1. The Medication Incident Report form shall be completed for all instances of suspected or actual medication incidents. The staff person who discovers the error will initiate the report which will include a full description of the circumstances.
2. DO NOT
  - a. .... Make photocopies.
  - b. .... File these reports in any patients' charts.
  - c. .... Make reference to these reports in any progress notes.
3. Complete each line and section accurately and succinctly.
4. Injury to the consumer as a result of any medication incident is to be reported promptly to the consumer's physician or the Officer of the Day.

5. In the event the medication error reaches the consumer, an RN or MD will notify the consumer of the error. Education will be provided to consumer as informing them of any follow-up care or monitoring that may or may not be necessary. If appropriate, and with the consumers consent, the family will be notified of the error and actions taken. The RN / MD will document the intervention in the "Progress Notes" section of the medical record.
6. The Shift Supervisor and/or Unit Charge Nurse will review the Medication Incident Report for completeness, including "Actions Taken" and "Results of Actions Taken," and sign the form by the end of the shift during which the incident was discovered. Appropriate progress notes will describe any injury to the consumer but shall not make reference to any Medication Incident Report.
7. All reports are to be forwarded the first workday after the medication incident to Performance Improvement and to the Agency Director's Office for preliminary review pending further disposition.
8. The form will be forwarded to the physician for review, investigation and documentation of findings and actions. Appropriate progress notes will describe any consumer injury but shall not make reference to any Medication Incident Report.
9. The form will be forwarded to the Director of Nursing or designee for review, investigation, and documentation of findings and actions.
10. The form will be forwarded to the Director of Pharmacy or designee, for review, investigation, and documentation of findings and actions.
11. The form will be reviewed by the Pharmacy and Therapeutics Committee Chairman for evaluation and recommendation as may be indicated. The Pharmacy and Therapeutics Committee Chairman will report regularly on these matters to the Medical Staff.
12. The data will be filed in the Performance Improvement office, controlled by the Performance Improvement Coordinator and be subject to Performance Improvement/Risk Management confidentiality rules in effect.

13. The Director of Nursing / Nursing Shift Supervisor will immediately report any medication incident that requires immediate action that cannot reasonably await the production of a final report to the Medical Director or his designee and to the Performance Improvement Coordinator.